

Working as an Oriental Medicine Practitioner in a Hospital Setting

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My goal this month is to help practitioners move into hospital settings, if they choose, by showing them how colleagues have done the same thing. Dozens of acupuncturists working in medical clinics and hospitals responded to a questionnaire I sent out. Below are the best responses. I hope you find this material helpful.

1. Tell us about your current position at a hospital or formal medical venue. What is the name of the hospital? How long have you been working there? What do you do there? Are you on staff? On salary? In what department(s) do you work? Must you work under another practitioner's medical license? Do you have your own patients in the hospital or are you working under MDs or DOs? Do you work independently or as part of a multidisciplinary team?

- In Pennsylvania, I needed to work under the supervision of an MD. The MD did not have to be on the premises, but within phone reach. I was fortunate to have a neurologist sign my documents or I would not have been allowed to practice while I was living there.
- I have a DO friend who allowed me to accompany her to a hospital one afternoon a week for several years. I volunteered my time while learning from the DO and teaching [Toyohari](#) techniques (which are mainly non-insertive). Nobody has offered a staff position or a salary.
- I currently run a community-style clinic at [Craig Hospital](#), a spinal cord rehabilitation hospital in Denver. We bring in our own needles and charts. The patients pay us directly, on our sliding scale, and we are paid at that time. In other words, the hospital provides us the space and the referrals and doesn't dip into our payment. We currently give 2 percent of our profits to a CAM fund which provides acupuncture and massage to patients who could not otherwise afford it. We primarily see outpatients and their family, and staff.
- I am in practice in Bay Harbor, Fla. It is a multidisciplinary medical center. My partner is Dr. Nancy Scheinman, former head of alternative medicine at Miami Heart Hospital in Miami Beach. I have been in private practice for over 10 years. Our group practice also includes a DO psychiatrist and an MD trained in integrative medicine under [Andrew Weil, MD](#). My specialties are nutrition, women's health, and autoimmune disorders. I was originally trained by Andrew Weil 17 years ago. I don't work under MDs, although we have protocols for co-treatment among various psychologists, psychiatrists, MDs and physical therapists. Florida is a great practice area for acupuncturists.
- I work two days a week at East West Acupuncture in Indianapolis and two days at [Bloomington Hospital's](#) Advanced Pain Center, which is owned and operated by the hospital but not attached to it. I have been with the pain center for four years. There are two anesthesiologists/pain specialists who also practice there. The MDs and I are contracted employees who provide services for Bloomington Hospital. The hospital has the contract with East West Acupuncture. East West pays \$300 a month in rent and the patients pay at the time of the visit. I don't have to work under and an MD's license, and I'm not associated with

an MD. I specialize in pain, but also have TCM internal medicine referrals. Almost all patients are referred by their MDs. I've worked in four different hospital clinics in the last 16 years.

- I am at [Hoag Memorial Hospital Presbyterian](#), Newport Beach, Calif. I provide Asian medicine, including acupuncture, cupping and moxibustion. I prescribe herbs, but they must be dispensed from my private practice office. I am considered allied medical staff. I am paid per patient visit and reimbursed for supplies. I work in the wellness center but provide services to any department within the hospital under my own license. The patients are referred to me from physicians and departments within the hospital, as well as from the community. Patients can see me at Hoag or they can come to my private office. Likewise, I can also see my private patients at Hoag. I am independent in the sense that someone can see me for acupuncture but I am also part of the hospital wellness center and part of their multidisciplinary team.

2. How did you achieve your position, through a personal contact or a traditional application process? Were you interviewed, and if so, by whom? Have you been promoted? Are there statutes or regulations in your state that have permitted you to hold this position? If you were mentoring someone who was trying to attain your position in a similar venue, what advice would you give? How would you coach a colleague to acquire a position comparable to yours?

- Before I finished acupuncture school, I had offers from plastic surgeons in South Florida. For the first two years of private practice, I worked with the past president of the Florida Academy of Cosmetic Surgery using Chinese and integrative medicine to cut healing time in half, improve results and reduce side effects. I did not interview for my current or past positions, as my training with Dr. Weil, my school and board scores have opened many doors. I met my partner eight years ago when few acupuncturists had our training in integrative medicine. If I was mentoring someone, I would encourage them to join a medical practice. That is the best training in working with MDs. I have learned from physicians and garnered respect from them. It is imperative to "speak their language." Our integrative approach enhances compliance and helps patients heal much rapidly. I also take CEU courses from medical schools, which further helps me understand Western medicine. Many doctors are accepting and welcoming.
- I recently spoke to the administration at my local community hospital about getting privileges. They asked me to find another privately owned community hospital in Georgia that had already granted privileges to an acupuncturist so they could find out how to set up and manage the bureaucracy. While I was working on it, unbeknownst to me, my request was put on the agenda for their next Medical Executive Committee meeting. The committee voted not to consider my request. I was not made aware of the meeting, either before or afterwards. I had no opportunity to build support among committee members. I will resubmit my request once I have built support for the idea.
- I work on the board of a nonprofit organization. We make alternative health care available to people with physical disabilities. The director of the CAM program at Craig Hospital found out about my community clinic through the nonprofit and wanted to offer more affordable options for her patients. I was not interviewed; the director had met me a few times, she visited my clinic, and I attended a few CAM meetings at the hospital as a possible outside referral. I had tons of paperwork to do and it took them almost three months to approve me.
- Bloomington Hospital contacted me eight years ago because they knew about my experience with hospital clinics and they were considering a CAM wellness center. They were referred to me by [Columbus Regional Hospital](#); their CAM center was successful, but it still had to close. Bloomington Hospital gave me an office in another building at first because the MD

with whom I was working died suddenly and I had nowhere to practice. Within a year, they encouraged me to move into the pain center. I'm happy; it's a great fit. All hospitals and clinics are different, and the Midwest is different than the coasts. If I were advising someone who was interested in a hospital job, I would warn them about not being able to use moxa and herbs in most clinics, and how to communicate with Western-minded people, how to dictate reports and what not to say.

- I had been discussing a joint venture with a colleague who was president of the [American College of Obstetricians and Gynecologists](#), as well as OB/GYN division director at [University of California, Irvine](#). She left that position and became head of women's services at Hoag Hospital. I approached her to bring acupuncture to the wellness center. They had previously been referring out to someone in the community, which was not working. I had to put together a description of services, provide a survey of fees for the area to justify my fees, and then was interviewed by the chief of staff and several other medical staff committee members. The application, etc., went to committee and was approved after months of review. Hospitals are being forced to develop wellness programs that offer their patients broader options. I would recommend that my colleagues do their homework, find out who is in charge of hospital wellness efforts and meet with them. Learn what they are already offering and how you may be able to complement or bring something unique to their program. Be prepared with studies on the efficacy of Asian medicine. Offer to develop or be part of a specific program such as heart health, breast cancer recovery, women's issues, etc. The main thing is to do your homework, be prepared and be confident. Be creative. Where can you offer something that will help them attain their goals for their programs?
- After graduating, my vision was to bring acupuncture into hospital settings. I called [St. John's Hospital](#) in Santa Monica, Calif., as well as [Daniel Freeman Hospital](#) in Marina del Rey. St. John's Hospital stated that privileges for acupuncturists weren't in place yet, but I felt excited when I spoke with Daniel Freeman. The voice on the other end informed me that one week prior to my calling they had just approved the requested privileges. I had to follow the typical application process. The application process involved references. I included Emperor's College since I was a graduate and clinical supervisor at the time. Emperor's College got involved and an acupuncture intern program was founded. I became clinical director of this program. It was supervised by an MD. Several LACs participated and students, under supervision, were allowed on a daily basis and at a specific time to go to the hospital and treat patients. The individual patient's MD had to write "an order" which was placed into the patient's file; the attending RN contacted us, and we went to see the patients. Notes were kept in the patient's file. We were only allowed to perform acupuncture, use the TENS unit and massage. No exceptions. The insurance coverage had to be \$1 million-3 million. We were also allowed to treat employees of the hospital at no cost to them. Many patients were educated and followed through with further acupuncture treatments after being discharged by the hospital. One of the biggest problems about working in a hospital setting is that the average stay per patient is just over two days. Unless the patient and the physician are educated about the way acupuncture works and its treatment process, it can be difficult to get the message across in that short time.

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